

## GIC Health Plan Rates

### MONTHLY RATES AS OF JULY 1, 2016 FOR THE TOWN OF ARLINGTON ENROLLEES

INCLUDING THE 0.35% ADMINISTRATIVE FEE

#### Active Employees and Retirees without Medicare (Includes Public Safety-Police/Fire)

	Employee and Non-Medicare Retiree Pays Monthly %	Employee and Non-Medicare Retiree Pays Monthly \$	Employee and Non-Medicare Retiree Pays Monthly \$
<b>Health Plan</b>		<b>Individual Coverage</b>	<b>Family Coverage</b>
Fallon Health Direct Care	15%	77.97	187.11
Fallon Health Select Care	15%	103.60	248.64
Harvard Pilgrim Independence Plan	20%	163.29	398.42
Harvard Pilgrim Primary Choice Plan	15%	91.56	223.41
Health New England	15%	80.23	198.91
NHP Prime (Neighborhood Health Plan)	15%	76.84	203.60
Tufts Health Plan Navigator	20%	137.27	334.94
Tufts Health Plan Spirit	15%	77.30	186.08
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	25%	250.60	586.61
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	25%	239.77	561.49
UniCare State Indemnity Plan/Community Choice	20%	97.53	234.07
UniCare State Indemnity Plan/PLUS	20%	131.07	313.23

#### Retirees with Medicare

	<b>Retiree</b> Retiree Pays Monthly Per Person	
<b>Health Plan</b>	%	\$
Fallon Senior Plan	15%	46.73
Harvard Pilgrim Medicare Enhance	25%	109.80
Health New England MedPlus	15%	61.65
Tufts Health Plan Medicare Complement	15%	59.76
Tufts Health Plan Medicare Preferred*	15%	41.46
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	25%	93.66
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	25%	90.99

*Rates are calculated by the Town of Arlington Human Resources Department*

**RATE QUESTIONS?**  
**CALL: 781-316-3120**

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### MONTHLY RATES AS OF JULY 1, 2016 FOR THE TOWN OF ARLINGTON ENROLLEES

INCLUDING THE 0.35% ADMINISTRATIVE FEE

#### Survivors without Medicare

	Survivor Pays Monthly %	Survivor Pays Monthly \$	Survivor Pays Monthly \$
<b>Health Plan</b>		<b>Individual Coverage</b>	<b>Family Coverage</b>
Fallon Health Direct Care	50%	259.87	623.70
Fallon Health Select Care	50%	345.33	828.77
Harvard Pilgrim Independence Plan	50%	408.22	996.04
Harvard Pilgrim Primary Choice Plan	50%	305.20	744.69
Health New England	50%	267.44	663.02
NHP Prime (Neighborhood Health Plan)	50%	256.11	678.66
Tufts Health Plan Navigator	50%	343.17	837.34
Tufts Health Plan Spirit	50%	257.66	620.26
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	50%	501.21	1173.22
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	50%	479.55	1122.98
UniCare State Indemnity Plan/Community Choice	50%	243.82	585.18
UniCare State Indemnity Plan/PLUS	50%	327.66	783.07

#### Survivors with Medicare

	<b>Survivor</b> Survivor Pays Monthly Per Person	
<b>Health Plan</b>	<b>%</b>	<b>\$</b>
Fallon Senior Plan	50%	155.77
Harvard Pilgrim Medicare Enhance	50%	219.59
Health New England MedPlus	50%	205.48
Tufts Health Plan Medicare Complement	50%	199.20
Tufts Health Plan Medicare Preferred*	50%	138.23
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	50%	187.32
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	50%	181.97

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## GIC Health Plan Rates

**MONTHLY RATES AS OF JULY 1, 2016  
FOR THE TOWN OF ARLINGTON ENROLLEES HIRED *on or after* 12/1/11**

**INCLUDING THE 0.35% ADMINISTRATIVE FEE**

**Active Employees and Retirees without Medicare  
(Includes Public Safety-Police/Fire)**

	Employee and Non-Medicare Retiree Pays Monthly %	Employee and Non-Medicare Retiree Pays Monthly \$	Employee and Non-Medicare Retiree Pays Monthly \$
<b>Health Plan</b>		<b>Individual Coverage</b>	<b>Family Coverage</b>
Fallon Health Direct Care	25%	129.94	311.85
Fallon Health Select Care	25%	172.67	414.39
Harvard Pilgrim Independence Plan	25%	204.11	498.02
Harvard Pilgrim Primary Choice Plan	25%	152.60	372.35
Health New England	25%	133.72	331.51
NHP Prime (Neighborhood Health Plan)	25%	128.06	339.33
Tufts Health Plan Navigator	25%	171.59	418.67
Tufts Health Plan Spirit	25%	128.83	310.13
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	25%	250.60	586.61
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	25%	239.77	561.49
UniCare State Indemnity Plan/Community Choice	25%	121.91	292.59
UniCare State Indemnity Plan/PLUS	25%	163.83	391.54

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